

STATE OF CALIFORNIA
STATE CONTROLLER'S OFFICE
ELECTRONIC FUNDS TRANSFER AUTHORIZATION
FAM 34 (Rev. 01/05)

SECTION A (To be completed by entity)

1. TYPE OF ENROLLMENT ACTION 1. <input type="checkbox"/> NEW 2. <input type="checkbox"/> CHANGE 3. <input type="checkbox"/> CANCEL	2. ENTITY NAME
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SECTION B (To be completed if NEW or CHANGE box in Section A is checked)

1. TYPE OF ACCOUNT <input type="checkbox"/> C (Checking) <input type="checkbox"/> S (Savings)										
2. ROUTING NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										3. DEPOSITOR ACCOUNT NUMBER
4. FINANCIAL INSTITUTION NAME										
5. BRANCH NUMBER OR NAME	Telephone Number									
6. FINANCIAL INSTITUTION ADDRESS Number and Street	City State Zip									

SECTION C (To be completed by Entity)

1. CHECK APPROPRIATE BOX <input type="checkbox"/> Authorize direct deposit of payments due the entity named in Section A into the designated account. <input type="checkbox"/> Cancel direct deposit for the entity named in Section A.	
AUTHORIZED SIGNATURE FOR THE ENTITY NAMED IN SECTION A	PRINT OR TYPE NAME
TELEPHONE NUMBER	DATE

GENERAL INSTRUCTIONS

- Complete Sections A, B and C if you are enrolling for the first time, re-enrolling after cancellation, or changing your existing Direct Deposit information.
- Complete Section A and C only if you are cancelling enrollment.
- Contact your financial institution for your routing number and depositor account number.
- Your Direct Deposit will continue to be deposited into your designated account at your financial institution until the State Controller's Office is notified that you wish to redesignate your account and/or your financial institution. To redesignate, complete and submit a new form with the new information. **DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOUR FIRST PAYMENT IS DEPOSITED INTO YOUR NEWLY DESIGNATED ACCOUNT AND/OR FINANCIAL INSTITUTION.**
- This authorization remains in full force and effect until the State Controller's Office receives written notification from the entity of its termination, or until the State Controller's Office terminates the agreement.

Return this completed form to:

State Controller's Office
Division of Accounting and Reporting
3301 C Street, Room 503
Sacramento, CA 95816
TEL (916) 323-8077, FAX (916) 323-6527